Washington State's Medicaid Guidelines for the Recognition and Treatment of Attention Deficit/Hyperactivity Disorder (ADHD) in School-Aged Children

Diagnosis: For any child with inattention, hyperactivity, impulsivity, academic underachievement or behavioral problems, the clinician should initiate an evaluation for ADHD. The diagnosis of ADHD requires that a child meet DSM-IV Criteria:

A. Either (1) or (2):

1. Six (or more) of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

a. often fails to give close attention to details or makes certain mistakes in schoolwork, work or other activities

b. often has difficulty sustaining attention in tasks or play activities

c. often does not seem to listen when spoken to directly

d. often does not follow through on instructions and fails to finish school work, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

e. often has difficulties organizing tasks and activities

f. often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

g. often loses things necessary for tasks or active ties, e.g. toys, school assignments, pencils, books or tools

h. is often distracted by extraneous stimuli

i. is often forgetful in daily activities

2. Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

a. often fidgets with hands or feet or squirms in seat

b. often leaves seat in classroom or in other situations in which remaining seated is expected

c. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

d. often has difficulty playing or engaging in leisure activities quietly

e. is often "on the go" or often acts as if "driven by a motor"

f. often talks excessively

g. often blurts out answers before questions have been completed

h. often has difficulty awaiting turn

i. often interrupts or intrudes on others, e.g., butts into conversations or games

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before 7 years of age.

C. Some impairment from the symptoms is present in two or more settings, e.g., at school (or work) and at home

D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning

E. The symptoms do not occur exclusively during the course of a Pervasive Development Disorder, Schizophrenia or other Psychotic Disorder and are not accounted for by another mental disorder, e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder or a Personality Disorder.

Substance/general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., drug of abuse, a medication) or a

Treatment- A management program should be established which recognizes ADHD as a chronic condition, including education of the parents, family, and school personnel about ADHD and about appropriate resources and/or support groups. Treatment should occur in collaboration with the parents and school personnel.

Medication Safety Edits

Age Limits– Less than 5 years old: requires Prior Authorization and a second opinion.

Dose Limits— 5 years and older: All doses greater than 120 mg methylphenidate or Strattera and 60 mg amphetamine or dexmethylphemidate will require Prior Authorization and a second opinion. Tapers are authorized for a maximum of 30 days.

Combination Limits—Combinations across drug types (i.e. methylphenidate *with* amphetamine) require Prior Authorization for all clients, with a second opinion for clients under 18 years of age; tapers are authorized for a maximum of 30 days.

Follow-up Visit: During all clinical visits, information from the child, parents and school should be used in assessing progress, adjusting medication, reinforcing behavioral interventions and educating the parent and child about ADHD. Periodic use by parents and teachers of the Child Attention Profile (CAP), Connors or a similar scale is recommended

Referral

If a child fails two stimulant medication trials, or a comorbid psychiatric disorder other than learning disability (Oppositional Defiant Disorder, Conduct Disorder, Anxiety Disorder, Major Depression, Bipolar Disorder, Posttraumatic Stress Disorder) is suspected, referral to a behavioral health provider for further assessment and treatment should be considered.

ADD/ADHD Follow-Up Visit Checklist

1. Height, weight .blood Pressure
2. Interview with child:

_ What is going well?

_ How is this grade different from last year?

- Do you know why you are taking medication?
- Do you think the medication is helping you?

_ What are you doing for fun at school?

_ Are you taking medication on weekends?

3. Interview with parent and child together: To parent: What is going well?

_ Review parents' two primary concerns

_ Review child attention profiles if available.

Discuss whether a dosage change is needed.

4. Along with the prescription, give the Child Attention Profiles for the parents and teacher to fill out just before the next scheduled visit.

Washington State Department of Social & Health Services

Fact Sheet:

ADHD Drug Utilization Review Program

What: HRSA is concerned by the use of ADHD medication in children between the ages of 0-4. Other concerns include the prescribing of these medications at doses that are double and triple the recommendations of the FDA and the use of these medications in combination, without sound evidence of effectiveness. This program is being implemented to assure prescriptions covered by HRSA are within the guidelines established in collaboration with the members of the Mental Health Stakeholder Workgroup.

When: **May 1st --Age and Dose Limitations and Requirements**
(see details below for continuation of therapy and new orders)

Limits:

- <5 years of age
- Methylphenidate
  For age 5 and older doses @ >120mg/day
- Dexmethylphenidate, Amphetamines
  For age 5 and older doses @ > 60mg/day
- Strattera
  For age 5 and older doses @ >120mg/day

- New orders for ADHD medications should not exceed these guidelines recommended by the Mental Health Stakeholders Workgroup
- Anyone under 18 years of age requires a second opinion if the prescription exceeds these limitations

June 1st --Combination Limitations will require a second opinion, if the client is under 18 years of age.

Combinations of medications in 2 or more categories:

	Methylphenidate	Dexmethylphenidate	Amphetamines	Strattera
Methylphenidate		X	X	X
Dexmethylphenidate	X		X	X
Amphetamines	X	X		X
Strattera	X	X	X	

Why: **Of the 16,115 of clients receiving ADHD medications**

- 258 clients <5 years of age
- 432 clients exceed dosage limits
- 248 clients with combinations that have no effectiveness evidence

How: **Prescriptions exceeding the Age and Dose Limitations**

- Will be authorized **only** for continuation of therapy (same medication/same dose) until a final decision can be made by HRSA.
- Will require a consult by a member of HRSA's second opinion network for clients under 18 years of age.
  - *Providers are encouraged to consult with a physician member of HRSA's second opinion network before initiating a prescription that exceeds these limits.*

Who: **Participants in the HRSA's Second Opinion Network**

- Mary Bridge Children's Hospital and Health Center – Tacoma
- Children's Hospital and Regional Medical Center – Seattle
- Sacred Heart Medical Center- Spokane
- TBA- southern part of WA. and northern Oregon